

The Management of Hypovolaemic Shock in the Trauma Patient

If definitive care is not available in your facility make early contact with retrieval services

Primary survey

Includes organising the trauma team, calling the surgeon and notifying the blood bank.
Also consider early call to Retrieval Services (AMRS 'formerly MRU' 1800 650 004).

Airway / C-spine	Breathing	Circulation	Disability	Exposure / Environment	Adjuncts
<ul style="list-style-type: none"> Protect airway, secure if unstable. Airway adjunct as needed. Control of c-spine. 	<ul style="list-style-type: none"> Definitive control of airway. Oxygen. Bag and mask. 	<ul style="list-style-type: none"> Secure venous access x 2 large bore cannula. Bloods: <ul style="list-style-type: none"> - x-match - FBC - EUC's - Creatinine - ABG's - Blood ETOH. Control external bleeding. 	<ul style="list-style-type: none"> Assess neurological status. AVPU: <ul style="list-style-type: none"> - alert - responds to vocal stimuli - responds to painful stimuli - unresponsive. 	<ul style="list-style-type: none"> Undress patient. Maintain temperature. 	<ul style="list-style-type: none"> X-ray: <ul style="list-style-type: none"> - chest - pelvis - lateral c-spine.

REMEMBER – BP and HR will not identify all trauma patients who are in shock.
ASSESS – History and perfusion indices – ABG's, base deficit, lactate, Hb and HCT.



Identify the source of haemorrhage

External	Long bones	Chest	Abdomen	Retroperitoneum
<ul style="list-style-type: none"> Careful visual inspection. 	<ul style="list-style-type: none"> Careful visual inspection. 	<ul style="list-style-type: none"> Chest x-ray. 	<ul style="list-style-type: none"> DPA* and / or FAST**. 	<ul style="list-style-type: none"> Pelvic x-ray.

* Diagnostic Peritoneal Aspiration (DPA). >10mls of frank blood = positive DPA.
** Focused Abdominal Sonography in Trauma (FAST). Free fluid = positive FAST.

Interventions

External	Long bones	Chest	Abdomen	Retroperitoneum
<ul style="list-style-type: none"> Apply direct pressure. Suture lacerations. 	<ul style="list-style-type: none"> Splint + / - reduce #. 	<ul style="list-style-type: none"> Chest tube. 	<ul style="list-style-type: none"> Emergency Laparotomy. 	<ul style="list-style-type: none"> Externally stabilise pelvis. Emergency angiogram.

In the presence of uncontrolled haemorrhage and a delay of greater than 30 minutes to operative haemostasis, infuse small aliquots (100-200mls) of fluid to maintain systolic blood pressure between 80-90mmHg. Use caution in the elderly. Contraindicated in the unconscious patient without a palpable blood pressure. Maintain the systolic blood pressure >90mmHg for those with a traumatic brain injury.